

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

101 565779

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT		
	IND.	DEP.	IND.	DEP.	IND.	DEP.	
1			1				
2							
3							
4							
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20							
21							
22							
23		1					
24			1				
25		1					
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35			1				
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48							
49							
50							
TOTAL IND.		↓	3	↓		↓	
TOTAL DEP.	↔		33	↔		↔	
TOTAL CLAIMS			36				

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT		
	IND.	DEP.	IND.	DEP.	IND.	DEP.	
51							
52							
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95							
96							
97							
98							
99							
100							
TOTAL IND.		↓					
TOTAL DEP.	↔						
TOTAL CLAIMS							